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Programme of the 29th ECNP Congress - Vienna 2016

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Presentation No: P.2.b.052

Session title: Mood disorders and treatment - Affective disorders (clinical)

Session type: Poster session

The association between traumatic childhood experiences, sensory processing patterns, and quality of life among unipolar and bipolar outpatients

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Introduction: Various studies showed the involvement and long-term consequences of perceptual processes, alexithymia, and childhood traumatic experiences in the pathophysiology of major affective disorders. In particular, there are evidence demonstrating that adverse childhood experiences may influence the prevalence, course, and severity of depressive disorders [1]. Moreover, emotional abuse and neglect have been reported to independently predict the emergence of alexithymia and somatization in depressed

patients [2]. The involvement of sensory perception in high-order emotional processes of patients with major affective disorders has been also demonstrated [3,4]. However, whether sensory processing patterns may influence the contribution of both traumatic childhood experiences, and alexithymia to the development of affective psychopathology has not been investigated. The impact of sensory processing patterns on quality of life of these patients is still poorly understood.

Aims: The present study aimed to: (1) investigate the association between traumatic childhood experiences, sensory processing patterns, and alexithymia in unipolar/bipolar patients; (2) examine the relationship between sensory processing patterns and childhood traumatic experiences; (3) investigate the impact of diagnosis, childhood traumatic experiences, sensory processing patterns, and alexithymia on quality of life.

Methods: The sample included 336 participants of which 197 with unipolar and 139 with bipolar disorders. All participants completed the Adolescent/Adult Sensory Profile, Toronto Alexithymia Scale, Childhood Trauma Questionnaire, Beck Depression Inventory-II, and Short Form 12 Health Survey version 2. Chi square analysis and t-tests were used to examine the main differences between unipolar and bipolar patients. The two groups were also compared with Multivariate Analysis of Variance. Finally, a stepwise regression analysis was carried out.

Results: Bipolar patients showed significantly higher load of childhood traumatic experiences including physical neglect, emotional abuse, and emotional neglect when compare to unipolar patients. Lower registration of sensory input as well as hypersensitivity correlated with enhanced childhood traumatic events in both unipolar and bipolar groups. Reduced sensory sensitivity accounted for 11% of the variance in physical health whereas reduced depression accounted for 8% of the variance in mental health of SF-12. Furthermore, elevated mental health was predicted by depression, physical neglect and emotional neglect.

Conclusions: The relatively small sample size as well as the mixed nature of the selected sample (e.g., both unipolar and bipolar subjects) may limit the generalizability of the main findings. Moreover, the cross-sectional nature of the study needs to be considered an additional limitation. Despite these shortcomings, we found that individuals with major affective disorders suffered from consistent difficulties in processing sensory input which significantly impacted their interaction with the daily life environments and thus influenced their quality of life. Our results indicate that childhood traumatic experiences may differentially characterize individuals with major affective disorders and together with sensory processing patterns they play an important role in predicting their quality of life.

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Keywords:
Depression: clinical
Childhood traumatic experiences
Bipolar disorders